

## **Course Registration**

Section 1 - Course	Please print clearly, and send to Correct Training System to register yourself as a delegate in the programs								
Course	Section 1 - Course Details								
Name:				CTS Surry Hills Other			Date(s):		
	Personal Details					•			
Given Name				Surname					
Title	🗌 Mr 🗌 Mrs 🗌	Miss 🗌 M	5	Gender	Male Female	DOB			
Tel (H)		Tel (M)				Tel (W)			
Home Address Mail Address				Email					
Suburb				State			Post- code		
<b>Payment Details</b> - 50% payment is required prior to commencement of the course and 50% payment due on commencement (certificates will not be issued unless full payment has been received)									
I have attached a cheque payable to Correct Training Systems Pty Ltd for \$ (50% payment of course fees)									
Please invoice my organisationfor \$ (50% payment of course fees)									
Process my Visa or Mastercard for 50% payment of the course fees \$, with the following details:   Name on Card   Card Number									
Date of Expiry (MM/ YY) /									
I have made a Direct Debit to the bank account ( <i>details as below</i> ) on ( <i>date</i> ). for \$ (50% course fees) Account Name: Correct Training Systems BSB: 032-710 Account Number: 135061									
	ference Participant's nan	• •					your registration	<u>on)</u>	
Section 3 - Consent									
	Referral from food sa		Email			=	CTS Website		
	Referral from colleagu Referral from Correct		Brochu	arch results re		=	Phone Contact Other	ī.	
Signature:					Date:				
Section 4 -	Registration Con	ditions							
• Details about t	he training product, a ited on all courses. ecure a place in the c on course registratic	and provision of You must sub course. All book	mit this form		a Eddy Ave	Elizal	Wan		